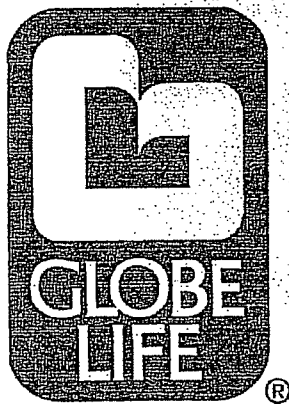


GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
GLOBE LIFE CENTER • OKLAHOMA CITY, OKLAHOMA 73184



**This is your Globe
Life coverage.
Read carefully.**

14-J522138
David Lurie
4181 County Road 73
Midland City AL 36350

PLAINTIFF'S
EXHIBIT

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LURIE0035

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

The passage of the federal Gramm-Leach-Bliley Act, requires all financial institutions (insurance companies are a part of this group) to provide periodically Privacy Policy Disclosure information to their customers. The Privacy Policy information shown below explains the information Globe Life And Accident collects and how we use it, as well as how we protect the security and confidentiality of our customer information.

Globe Life And Accident Insurance Company cares about protecting its policyholders' privacy. In the process of providing the products and services you requested, we will collect, use and share certain information you provided. This Privacy Policy explains what information we collect and how we use that information. The policy also explains how we protect the security and confidentiality of your information.

Collection of Information

We collect and retain the information necessary for us to provide the products and services you requested. In that process we may collect non-public information from you as a result of your completion of an insurance application or other forms and information about your transactions and experience with us.

Sharing Information

We may share information with certain non-affiliated companies or individuals, including providers inquiring about benefits, family or legal representatives acting on your behalf, and to comply with legal or regulatory requirements. We may also share information about you with non-affiliated entities that contract with us to perform marketing and administrative services. We may also disclose your information to our affiliated companies.

Internal Protection of Information

We restrict access to non-public personal information about you to those employees who need to know that information to provide the products and services you requested. We maintain physical, electronic and procedural safeguards to comply with federal regulations to guard this information.

Disclosure of Our Privacy Policy

We are sending you this Notice for informational purposes and may amend this policy at any time and will update it as required. We post our current privacy notice at www.globeontheweb.com. No action is necessary if you elect to access this information electronically. In that case, we may refrain from sending you this notice annually. However, if you would prefer to receive the notice by mail, please provide your name, address and policy number to Privacy Policy, P.O. Box 268850, Oklahoma City, OK 73126-8850.

How To Contact Us To Opt-Out

If you prefer that we not share your non-public information with non-affiliated companies or individuals for any purpose other than providing the products and services you requested, please complete the opt-out form provided at www.optoutform.com or, check the box on the form below and return the completed form with your name, address and policy number(s) to Privacy Policy, P.O. Box 268850, Oklahoma City, OK 73126-8850.

IF YOU PREVIOUSLY REQUESTED TO OPT-OUT BY COMPLETING THIS FORM, PLEASE DISREGARD THIS NOTICE.

☐ Opt-Out Request

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Policy Number(s): _____

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GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

GLOBE LIFE CENTER * OKLAHOMA CITY, OKLAHOMA 73184

ACCIDENTAL DEATH INSURANCE CERTIFICATE

Globe Life And Accident Insurance Company certifies that it has issued the Group Policy GLGRFP, and that the person named in the certificate is insured, subject to the terms and conditions of the group policy.

30 DAY RIGHT TO EXAMINE CERTIFICATE

If the Certificate Holder does not want this coverage, the certificate may be returned within 30 days after receiving it. We will then refund all premiums paid and the certificate will never have been in effect.

ACCIDENTAL DEATH BENEFIT

Upon receipt of due proof of the Accidental Death of the Insured while coverage on such Insured is in force, We will pay the Accidental Death Benefit shown in the Certificate Schedule.

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER:	14-J522138
INSURED:	David Lurie
ISSUE AGE:	44
HOLDER:	GLOBE FAMILY SERVICES TRUST
CERTIFICATE EFFECTIVE DATE:	APRIL 28, 2003

ACCIDENTAL DEATH BENEFIT

APRIL 28, 2003 TO APRIL 27, 2029:	\$100,000
APRIL 28, 2029 FORWARD (AFTER AGE 70 ANNIVERSARY DATE):	\$50,000

PREMIUMS

PREMIUM PERIOD	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL
FIRST MONTH	\$1.00	----	----	-----
THEREAFTER	16.80	49.40	97.00	186.60



DEFINITIONS

ACCIDENT: A fortuitous event, unforeseen and unintended.

ACCIDENTAL BODILY INJURY: Unexpected traumatic damage to the Insured's body, of external origin.

ACCIDENTAL DEATH: Death due to Accidental Bodily Injury caused by an Accident occurring while the insurance is in force; the death must occur within 90 days after the date of the Accident, directly and independently of all other causes.

AGE: The age last birthday of the Insured.

BENEFICIARY: A person or entity named, on a form and in a manner approved by Us, to receive insurance benefits.

CERTIFICATE ANNIVERSARY: Shall be determined from the Certificate Effective Date.

EVIDENCE OF INSURABILITY: Satisfactory proof, as determined by Us, that a person is acceptable for insurance.

INSURED: An eligible person who is named in the Certificate Schedule.

HOLDER: The legal entity named as the Holder on the cover page of the group policy.

WE, OUR, US, or COMPANY: Globe Life And Accident Insurance Company at Our Administrative Office in Oklahoma City, Oklahoma.

YOU, YOUR, or YOURS: The person to whom this certificate is issued (Also referred to as the Certificate Holder.)

EXCLUSIONS

This certificate does not cover death caused by:

1. Disease, sickness, bodily or mental infirmity, or medical or surgical treatment of same;
2. Suicide or intentionally self-inflicted bodily injury, while sane or insane (reference to insane not applicable in Missouri);
3. Being under the influence of any drug, narcotic, poison or gas unless taken on the advice of a physician;
4. Service in the military, naval or air services of any country;
5. Participation in any speed contest;
6. Insured's intoxication (blood alcohol level of .10 percent weight by volume or higher);
7. Air travel as a pilot, student pilot or crew member;
8. Committing or attempting to commit an assault or felony;
9. Taking part in a riot, insurrection or terrorist act; or
10. Skydiving, hang gliding or hot air ballooning.

CERTIFICATE HOLDER AND BENEFICIARY PROVISIONS

CERTIFICATE HOLDER: Unless provided otherwise:

- a. The person who completes the enrollment form applying for insurance coverage on an Insured is the Certificate Holder. The Certificate Holder has the right to receive every benefit and exercise every right regarding the insurance under his or her certificate.
- b. If the Certificate Holder dies, all rights will be vested in the Insured.

BENEFICIARY: The Beneficiary shall be as designated on the enrollment form to receive any Accident Death Benefits payable. If there is no Beneficiary living or named, Accidental Death Benefits will be payable to the Certificate Holder, if living; otherwise to the Certificate Holder's estate. Any payment made by Us in good faith will fully discharge Us to the extent of such payment.

CHANGE OF BENEFICIARY: Unless You provide otherwise in writing to Us, You may change the Beneficiary during the lifetime of the Insured. Changes must be made by written request filed with Us. The change will take effect on the date the request was received, but it will not apply to payments made by Us before We accept the request in writing. We will have no liability for any action taken by Us before that acceptance.

TERMINATION OF COVERAGE: The coverage of any Insured shall terminate at the end of the Grace Period following any premium due date for which the Insured's required premium has not been paid. Any premium paid for any period after the date coverage terminates will not continue the Insured's coverage in force and will be returned, unless accepted by Us under the Reinstatement provision in the certificate.

PREMIUMS AND REINSTATEMENT

PAYMENT: Each premium is payable in advance at Our Administrative Office.

FREQUENCY: The first premium for each Insured is due on the Certificate Effective Date. Thereafter, each premium is due at the end of the period for which the preceding premium was paid.

DEFAULT: If a premium remains unpaid at the end of the grace period, the Insured's insurance will terminate.

GRACE PERIOD: A grace period of 31 days will be allowed each Insured for the payment of each premium after the first, during which period his or her insurance shall continue in force.

REINSTATEMENT: Coverage may be reinstated at any time within one year after default in premium payment, if:

- a. The Insured provides Evidence of Insurability satisfactory to Us; and
- b. All overdue premiums are paid.

GENERAL PROVISIONS

PAYMENTS BY THE COMPANY: Payments by the Company are payable from our Administrative Office.

NOTICE OF CLAIM: Written notice of claim must be given within 20 days after Accidental Death or as soon as reasonably possible. Written notice can be given to Us at Our Administrative Office in Oklahoma City, Oklahoma. Notice should include Your name and Your Certificate Number.

CLAIM FORMS: When We receive the notice of claim, We will send You forms for filing proof of Accidental Death. If these forms are not given to You within 15 days, You will meet proof of Accidental Death requirements by giving Us a written statement of the nature and extent of the Accidental Death within the time limit stated in the Proof of Death provision.

PROOF OF DEATH: Written proof of Accidental Death must be given within 180 days after the Accidental Death of the Insured. If it was not reasonably possible to give written proof in the time required, We may not deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapable of doing so.

TIME OF PAYMENT OF CLAIMS: After receiving written proof of Accidental Death, We will pay all benefits then due for such death.

AUTOPSY: We may ask for an autopsy unless prohibited by law. We will pay for the autopsy.

ENTIRE CONTRACT; CHANGES: This certificate, with the group policy, enrollment form and attached papers, if any, is the entire contract between You and Us. No change in this certificate will be effective until approved by Us. This approval must be noted on or attached to this certificate.

MISSTATEMENT OF AGE: If there is a misstatement of age, We will adjust the benefit to reflect the correct age of the Insured.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the Certificate Effective Date, only fraudulent misstatements and non-payment of premiums may be used to void this certificate or deny any claim for Accidental Death incurred after the 2 year period.

LEGAL ACTION: You cannot sue Us for benefits under the group policy sooner than 60 days after We have been provided with written proof of Accidental Death as required. No such action may be brought after 3 years from the time written proof of Accidental Death is required.

CONFORMITY WITH STATE STATUTES: Any provision of this certificate, which, on the Certificate Effective Date, is in conflict with the laws of the state in which You reside on that date is amended to conform to the minimum requirements of such laws.

NONPARTICIPATING: The group policy is nonparticipating and does not share in the profits or surplus of the Company.

NO EFFECT ON WORKER'S COMPENSATION: The group policy does not alter any requirement for coverage by Worker's Compensation Insurance.



**ENROLLMENT FOR GROUP ACCIDENTAL DEATH BENEFIT INSURANCE
UNDERWRITTEN BY GLOBE LIFE AND ACCIDENT INSURANCE COMPANY * OKLAHOMA CITY, OKLAHOMA**

Coverage Amount (check one)

☒ \$100,000

☐ Individual Plan

☒ Family Plan (Check One)

Name David Lurie

Address 4181 County Road 73

City Midland City

State AL

Zip 36350

Date of Birth 04/24/58

Male ☒

Female ☐

Phone Number (334) 983-3887

Name of Beneficiary Karen Lurie

Relationship Wife

Please enroll the person named above for Accidental Death Coverage. I am enclosing the initial premium and understand the coverage will become effective on the date stated in the Schedule of Benefits on my Certificate. Should the enrollment form be declined, no charges will be incurred.

I also understand that the benefits will decrease by 50% on the Certificate Anniversary following the Insured's 70th birthday with no change in premium.

Signed

David C. Lurie

Applicant-Owner Signature

Date 04/11/03

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GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

GLOBE LIFE CENTER * OKLAHOMA CITY, OKLAHOMA 73184

This Rider amends and is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, exclusions and limitations of the certificate which are not in conflict with this Rider.

Rider Effective Date: APRIL 28, 2003

Rider Premium: \$53.40

FAMILY COVERAGE RIDER

If this is a Family Certificate, the following provisions apply:

DEFINITIONS

DEPENDENT CHILD: Each unmarried Child under 23 years of age who is dependent on the Primary Insured for support and has the same permanent address. Child includes a step-child; a foster child; a legally adopted child; a child legally placed in the Primary Insured's home for adoption; and a child under the Primary Insured's legal guardianship. If this is an individual certificate, You must notify the Company within 60 days after the birth or adoption of a child that You want covered under this certificate so that We can change Your certificate to a Family certificate and arrange for the payment of the appropriate Family premium. A child shall cease being a Dependent Child on the first Certificate Anniversary Date following the earliest of (a) the child's 23rd birthday; (b) the child's marriage or (c) the date the child is no longer dependent on the Primary Insured. However, if a dependent child is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and if such disability occurred prior to the first Certificate Anniversary following the Dependent Child's 23rd birthday, then the Dependent Child will continue to be covered under this rider for as long as such disability continues. Proof of such incapacity or disability must be furnished upon Our request, but not more often than annually.

SPOUSE: The Primary Insured's legal spouse, while covered under the attached certificate

FAMILY COVERAGE

The Accidental Death Benefit for the Spouse and any Dependent Child will be equal to a percentage of the Primary Insured's Accidental Death Benefit as of the date of the Accident, based on the Primary Insured's family composition on the date of the Accident, as set forth below:

- A. For the Spouse, the Accidental Death Benefit will be equal to: 60% of the Primary Insured's Accidental Death Benefit if there is no Dependent Child; or 50% of the Primary Insured's Accidental Death Benefit if there is one (or more) Dependent Child(ren).
- B. For each Dependent Child, the Accidental Death Benefit will be equal to: 10% of the Primary Insured's Accidental Death Benefit if there is a Spouse; or 20% of the Primary Insured's Accidental Death Benefit if there is no Spouse.

On the Certificate Anniversary following the Primary Insured's 70th birthday, the Accidental Death Benefit for each Insured will decrease by 50%.

FAMILY COVERAGE EFFECTIVE DATE: Coverage for the Spouse and each Dependent Child begins on the later of: (a) the Certificate Effective Date; (b) the date the Spouse or Dependent Child becomes eligible for coverage under the rider.

TERMINATION OF FAMILY COVERAGE: Coverage for the Spouse and each Dependent Child will end on the earliest of the following:

- A. The date the appropriate premium is not paid when due, subject to the Grace Period provision in the attached certificate;
- B. The date the individual no longer meets the definition of Spouse or Dependent Child; or
- C. The date the Primary Insured's coverage under this certificate ends.

Upon receiving notification that the Primary Insured is the sole remaining Insured under a Family Certificate, We will change the certificate to an Individual Certificate providing coverage not greater than the prior coverage and arrange for an Individual premium. The individual premium will become effective on the premium due date following Our receipt of such notification.

Pamela M. Hutchison

Secretary

Mark McAndrew

President

GFAMRD

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